

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 30 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Rural Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hours
(Specify whether
In this community All his life
years, months or days)

3. (a) PRINT FULL NAME William Trigg Riddle

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nannie Akna Heindon Riddle 77 years
7. Birth date of deceased November 2 1913
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Unknown Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Riddle
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Virginia Williams
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. T. Riddle
(b) Address Marshall, Mo. Route #2

17. (a) Burial (b) Date thereof Sept. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Grove Cemetery

18. (a) Signature of funeral director Campbell Lewis

(b) Address Marshall, Mo.

19. (a) Sept. 14-1948 (b) Edw. J. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Marshall, Route #2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept day 13
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1 1948 to Sept 13 1948
that I last saw him alive on Sept 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Arterio Sclerosis

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... Means of injury.....
23. Signature John R. Lewis (M.D. or other)
Address Marshall, Mo. Date signed 9-13-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

9-29-78

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. W. Campbell

Licensed Embalmer No.....

3469

P. O. Address.....

Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.